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ABSTRACT

This guide, one of a series of Education for Parenthood manuals developed for use in Salvation Army demonstration programs, outlines a course for pregnant teenagers and teenage mothers in residential centers. The 4-day-a-week program, with sessions of 1 to 2 hours, was planned to fit school and work schedules of residents. Weekly schedules included academic sessions, skills development lessons, and field trips. Teaching units were short to suit the shifting population and the short interest spans of participants. Curriculum covered three aspects of parenthood: (1) medical, including (prenatal care, delivery, postnatal and infant care, nutrition,) (2) physical-education, including (housing, food, clothing, educational training, and employment opportunities, child care arrangements,) and (3) social-psychological, including (child development, parent effectiveness, discipline, relationships, dynamics of family life). Staff efforts were supplemented by community services from public, voluntary and private sources. Appendices, comprising two-thirds of this guide include lists of readings for staff training and for classroom use, as well as some information on development, safety and health, shopping and other course topics. (BF)

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LEADER'S GUIDE
EXPERIMENTAL EDITION

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TENDER

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A PROGRAM PREPARED FOR MOTHER-BABY AND MATERNITY CENTERS
OF THE SALVATION ARMY

* *

Education for parenthood is a valid program for implementation through the various services and activities of The Salvation Army.

It is a concept that is scripturally sound. From the Ten Commandments to the writings of the Apostle Paul, the Church has been charged to teach, demonstrate, and perpetuate the ideas and methods of parental responsibility. The Salvation Army has been, and remains, in the mainstream of such teaching.

When properly implemented, the Education for Parenthood program should produce generations of spiritually and socially healthy individuals. This concept of teaching parenting is a continuation of The Army's on-going approach in all of its programs toward a goal of spiritual and social maturity.

* *

PROJECT BACKGROUND

In the Fall of 1973, The Salvation Army was one of seven national voluntary organizations awarded a contract by HEW's Office of Child Development to develop a program in Education for Parenthood. Each of the seven - Boys' Clubs of America, Boy Scouts of America, Girl Scouts of the USA, 4-H, National Federation of Settlements and Neighborhood Centers, Save the Children Federation, and The Salvation Army - reaches a different constituency and by differing methods.

The Federal government - specifically in HEW the Office of Child Development, The National Institute of Mental Health, and the Office of Education - thought it time to stem the tide of teenage parenting. Not only were the numbers rapidly rising - but also the age level was lowering. They found:

- a high divorce rate in teenage marriages
- a high incidence of unmarried teenage mothers
- a high incidence of birth defects and health complications with babies of young mothers, and the younger the mother the more critical the problem
- growing evidence that young parents tend to be more abusive and neglectful
- feeling that anybody could be a parent as long as they had a crib, formula, baby bottle and diaper

These agencies turned to the national voluntary organizations as one approach to meeting these problems. The government also made a grant to the Education Development Center of Newton, Mass., to develop a core curriculum for use at junior high school level. This curriculum, Exploring Childhood, has been the backbone of The Salvation Army's teaching material.

The Army defined its goals as helping young people understand enough about what it means to be parent, and to understand themselves well enough that they could make a conscious decision to be or not to be a parent. We also wanted to interest them in careers in the child care field.

Programs were tested, in the three-year life of the grant, in the range of Salvation Army programs and services in the four United States territories. Each of the demonstration sites developed the curriculum best suited to their needs. The content is basically the same throughout; specific programs and emphases vary. The response has been uniformly positive. Young people in the program have shown gains in behavior, in emotional stability, and in their ability to cope with their lives. The majority of those wanting summer employment found jobs on the strength of their participation in the Education for Parenthood program.

The formal demonstration period has concluded. Now The Army is in the implementation period when more extensive testing will be done, looking to build the content into the appropriate on-going programs and services.

The Salvation Army believes organizations serving comparable constituencies will find these programs useful. Comments and evaluations from such use will guide The Army in the preparation of the final reports.

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CREDITS

This program was developed and directed by Brenda Merrick, supervisor of Foster Care Services for the Hamilton County Welfare Department. It was tested at the Catherine Booth Home in Cincinnati, Ohio, under the guidance of Major Martha Greenwell, Administrator.

It was produced as part of The Salvation Army's Education for Parenthood program under Grant No. OCD-CB-463, Lt.-Colonel Edith A. MacLachlan, Project Officer.

WHY THIS COURSE

Many pregnant teenagers and teenagers with young children need help in working out their situations and their feelings. This Tender Loving Care program might have been called Teenagers Learning to Cope. It was developed by Brenda Merrick at The Salvation Army's Catherine Booth Home in Cincinnati, Ohio. In the following pages she tells the reasons for the course and outlines the content.

* * *

The girls at Catherine Booth generally come from a milieu that lacks appropriate role models. Mothers fight the anxiety of inadequate assistance payments, no marketable job skills, and not enough day care facilities. Fathers are generally absent from the home and give little if any financial help.

The girls come in from the surrounding area, referred by community services, and tend to return to the same locale.

A careful look at the statistics about teenage parenting forces thoughtful service agencies to try to counter the problems:

- Pregnancy is the number-one cause of school dropouts among girls.
- Pregnancy is a suspected leading cause of school dropouts among boys.
- The cost to society of one unmarried girl who delivers an infant before she is 20 and receives no services is $100,000 during her lifetime.
- 9% of teenage mothers attempt suicide - 7 times the national percentage for teenage girls without children.
- One out of 8 thirteen-year-olds will become pregnant out of wedlock before the age of 20.
- One out of 5 births in Ohio is to a teenager.
- The schoolage pregnant girl has a greater incidence of toxemia, hypertension, puerperal maternal death rate, fetal and neonatal mortality, prematurity, low birth weight babies, excessive weight gain of mothers, and prolonged labor.

- One out of every two teenage marriages ends in divorce.
- There is a higher incidence of child abuse and neglect among teenage mothers.
- In 1974, there were 31,353 births to teenage mothers in Ohio. 551 births were to girls under 15 years of age.
- In 1974, there were 11,134 illegitimate births to teenagers in Ohio from a total of 20,160 illegitimate births (55.2%).
- In 1974, 219,471 individuals were directly involved with each teenage birth in Ohio - baby, mother, father, four grandparents.

Catherine Booth Home's response was the development of the Tender Loving Care program as Education for Parenthood for pregnant teenagers and for teenage mothers. As our young women have often met with a variety of failures in their lives it is essential that a parent education program be comprehensive, and include a concrete method for esteem building. We believe that young women with specific information regarding child rearing practices and positive feelings of self-worth can make it. Since the inception of the program we have not had a single young mother have a child removed from home for neglect or abuse. There have been no suicide attempts when in this area the suicide rate for adolescent mothers is 9 times the national average. This is amazing considering that our population is composed of many inner city youngsters coming from distressed home situations.

The After-Care Program at Catherine Booth was begun in an attempt to diminish separation of minor foster children from their infants, and to provide a halfway house for immature but not necessarily incompetent adolescents and their babies, who had no place to be housed. A complex urban society offers a very hostile environment to single parents not yet certain of the use and existence of supportive social

services. Children's Services and the Protective Societies are not active with these mothers unless neglect has been formally established. Public assistance workers, operating under a new plan of non-visitation, are unaware of overwhelming problems of young parents.

As the After-Care Program began to solidify, the staff at Catherine Booth felt that a more concrete systematized way of preparing for mothering was needed. Many of the mothers had been given so little as youngsters that they lacked the necessary skills to parent. Jamie, a child without parents since pre-school days and whose relatives continually reminded her of the oppressive burden she placed on them, could scarcely be equipped to tackle the awesome task of a single parent. It is not surprising that she was charged with child neglect at age 17.

Cathy is 17 years old, a gregarious mother of three children, who because of TLC was able to share child development skills with the foster parent. She completed GED. She learned the definition of adequate child care and surprised herself with her mastery of related home arts. She has been accepted in a Kentucky school of nursing. Our staff is not so presumptuous as to say we did it all. But our cooperative efforts have been a catalyst to successful parenthood. We know it; Cathy says it.

Amy is an incredibly successful parent from the other side of the coin. It was her feeling that a child could not be reared to the greatest advantage in a community where his father denied paternity. So she decided relinquishment was the best decision. She became aware of her rights and responsibility as a student. She transformed from below average academic performance to above average. During her visit at home she discussed with her parents her adoptive decision and the input necessary to be an adequate parent. She left our program resentful

about the lack of information available in her community but hopeful she could be a pioneer in the area. Her attitudes, concerns and fears were shared with a newspaper reporter who devoted a small section in one of her columns to early pregnancy and parenthood.

June, age 13 years, was referred to Catherine Booth Home by the Juvenile Court with a history of running away. The classes in self-awareness sessions helped her see her fears of rejection by her mother and loss of love from siblings. Daily tasks and weekly group responsibilities were set for her so as to give her a place to fit in with the TLC group. She has attached great importance to them. To date, June has not been away without leave; she has even telephoned to request permission for late return during weekend visits.

Ruth has participated in the Tender Loving Care program for a year and a half. She has graduated from high school and will be entering business college for a degree in accounting. She chose to keep her baby, now a pretty, bright 2-year-old doing well. Through the TLC program the baby has learned to excel in talking and walking for a child of her age. Ruth and the baby worked together in TLC learning talking, walking, and other steps in development. They share an apartment but return regularly for clinic care and parties.

These are but a few of the 165 girls who were part of the TLC program in 1975 and 1976. There is no magic curriculum; the teenagers need and will use help; there is a multiplicity of persons and services in the community ready to give that help, given the stimulation and leadership.

Brenda Merrick
Director, Tender Loving Care
Catherine Booth Home
Cincinnati, Ohio
August, 1976

Two charts showing Booth and related community services will be found on pages 10-11 . A chart showing the needs approach for personal development will be found on page 12.

ABOUT THE COURSE

Objective

Through the facility of the maternity home, to help young pregnant teenagers and young mothers learn values, develop a sense of self-worth, gain insight, and learn about mothering and family life, and learn about the support services of the community.

Staff

One person must have the responsibility for administration, planning, and coordination of the program. That person must be committed to the values of the program,knowledgeable about community resources, comfortable with the content, and with the maternity and after-care concepts. A multi-racial staff serves as a variety of models.

Speakers

A variety of speakers generates enthusiasm and interest. They must be familiar with and comfortable about the population. These can be drawn from the health department, university, day care centers, professional organizations, planned parenthood, welfare department, public schools, weight watchers, news media. Individual pediatricians and residents with special skills should be used.

Participation

The house staff should meet weekly to review materials and directions and to plan specific future programs. This is an excellent way for every member of the staff to gain a full understanding of the underlying concepts of the program. A suggested outline for an in-depth staff training program will be found on pages 13 - 15. Residents' participation should be voluntary. Their interests and concerns should be taken into account in developing course content.

ORGANIZING THE COURSE

The program was planned for four days a week at times to fit the school and work schedule of the residents. Sessions ran one to two hours depending on interest and content. Generally an equal amount of time was used in preparation - planning the session, setting up the equipment, preparing refreshments, obtaining leaders, finding handouts, and such.

The weekly schedule included academic sessions, skills development, and field trips for fun, learning, and enrichment. Leaders were drawn from the community, the house staff and board, and residents with special skills. Teaching methods included rap sessions, movies, observation, demonstration, practice, and a minimum of lectures. The participants were encouraged to keep journals and notebooks. Samples of the handout materials are found in the appendix.

The teaching units were kept small and varied, but related to each other, for the population is a shifting one, often with a short interest span.

THE CURRICULUM

The content covered the medical, physical-educational, and social-psychological aspects of parenthood, with elements of each taught each week.

Medical included prenatal care, delivery, postnatal and infant care, nutrition, preventive medicine, emergency preparedness, birth control, and the Lamaze method. Doctors from the staff, neighborhood hospitals and the medical school taught the medical aspects, the staff nutritionist taught nutrition, infant care was learned in the on-the-grounds nursery, planned parenthood taught birth control, and a registered nurse from a local hospital taught the Lamaze classes.

Physical-Educational covered a wider range including housing, food, clothing, educational training, and employment opportunities, child care arrangements, transportation, accessible medical care, available supportive services, relief from family stress, and awareness of alternatives.

In these areas the staff was supplemented by the range of community services in both the voluntary and the public agencies. For example, the County Welfare Department taught consumer education and housing, as well as child care, supportive services, and such; the YWCA helped with educational, training, and employment opportunities.

Social-Psychological covered a still wider range, for in many ways this area is the key to parenthood. Subjects included child development, parent effectiveness, discipline, relationships, dynamics of family life, mothering, fathering, home management, self-awareness, self-esteem, goal setting, roles, decision making, family planning, community resources, infant stimulation, sexuality, sexual harassment.

The central concern here was to help participants gain facts and experience that would help them cope with their lives.

Being comfortable about appearance was taught by weight watchers, neighborhood beauty shops, and neighborhood store styles experts. Homemaking skills were taught by staff, neighborhood merchants, craft shops, and professional artists. These classes were supplemented by the help of consumer education staff from the welfare department and radio and TV stations. Foster parents and adoptive parents discussed their feelings and experiences. Field visits to museums, nature centers, recreation facilities supplemented classroom work. Planned parenthood, the health department, and the police department were brought in, as was the legal aid bureau, big sisters, and other supportive community services. An important point was for participants to see the official and the voluntary services as helpful allies. See page 9, for a sample weekly schedule.

SAMPLE WEEKLY SCHEDULES

MONDAY: Housing - social worker from county welfare department

TUESDAY: Group therapy - practicing social worker

WEDNESDAY: Children - pediatrician

THURSDAY: Crafts - art store

MONDAY: Consumer education - social worker from county welfare

TUESDAY: Art museum tour

WEDNESDAY: Movie - "Helping Is..."

THURSDAY: Big Sister program - Delta Sigma Theta sorority

MONDAY: Seminar on self-esteem - social worker

TUESDAY: Seminar on infant stimulation - trained instructor

WEDNESDAY: Seminar on sexuality - staff

THURSDAY: Party - for birthdays in that month

MONDAY: Baby co-op - teacher of baby care

TUESDAY: Weight Watchers

WEDNESDAY: Art class - professional artist

THURSDAY: Legal matters - lawyer from Legal Aid

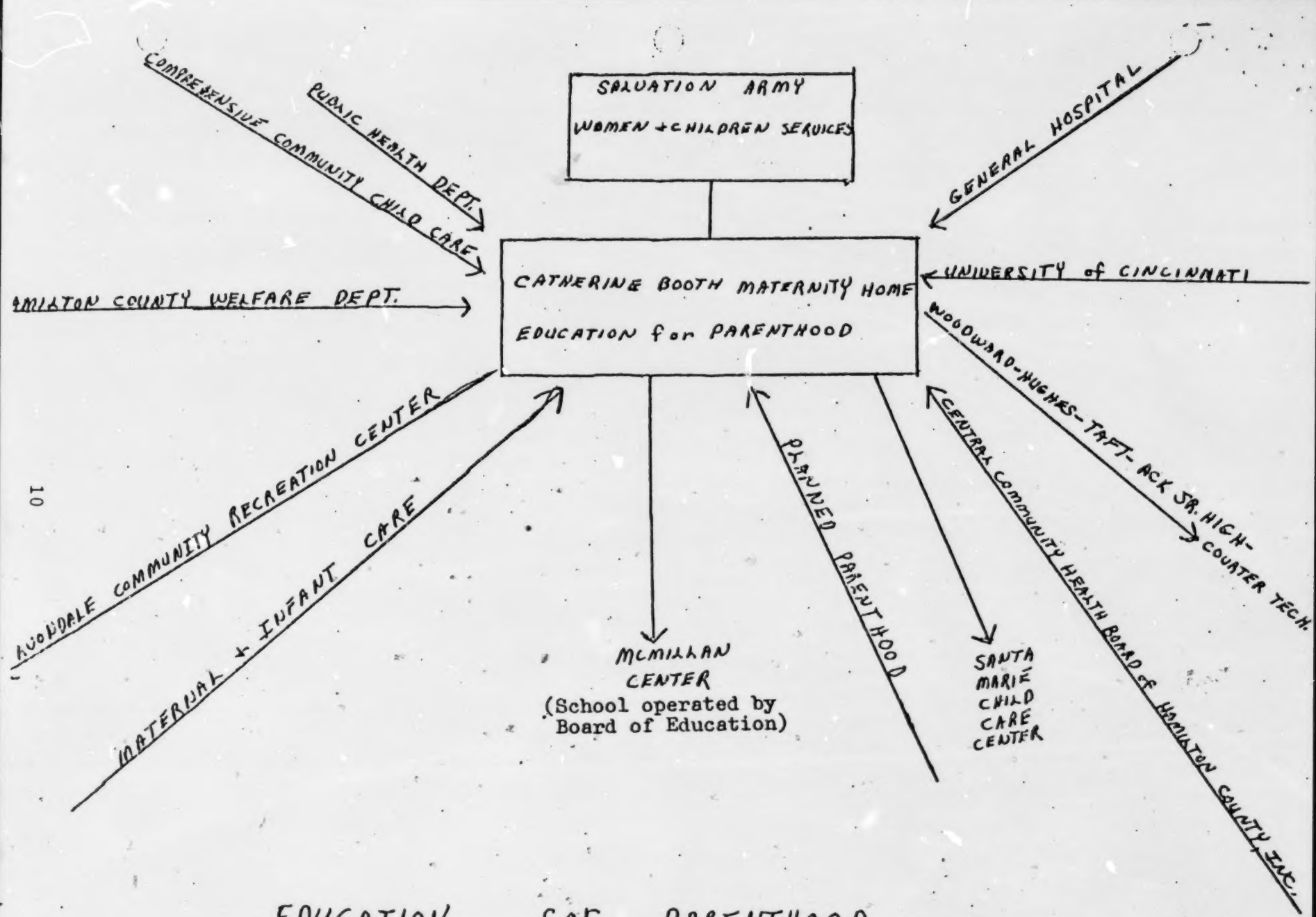
MONDAY: Movie - "A Baby Is Born"

TUESDAY: Lamaze class - R. N. from local hospital

WEDNESDAY: Planned Parenthood

THURSDAY: Grooming - neighborhood beauty shop

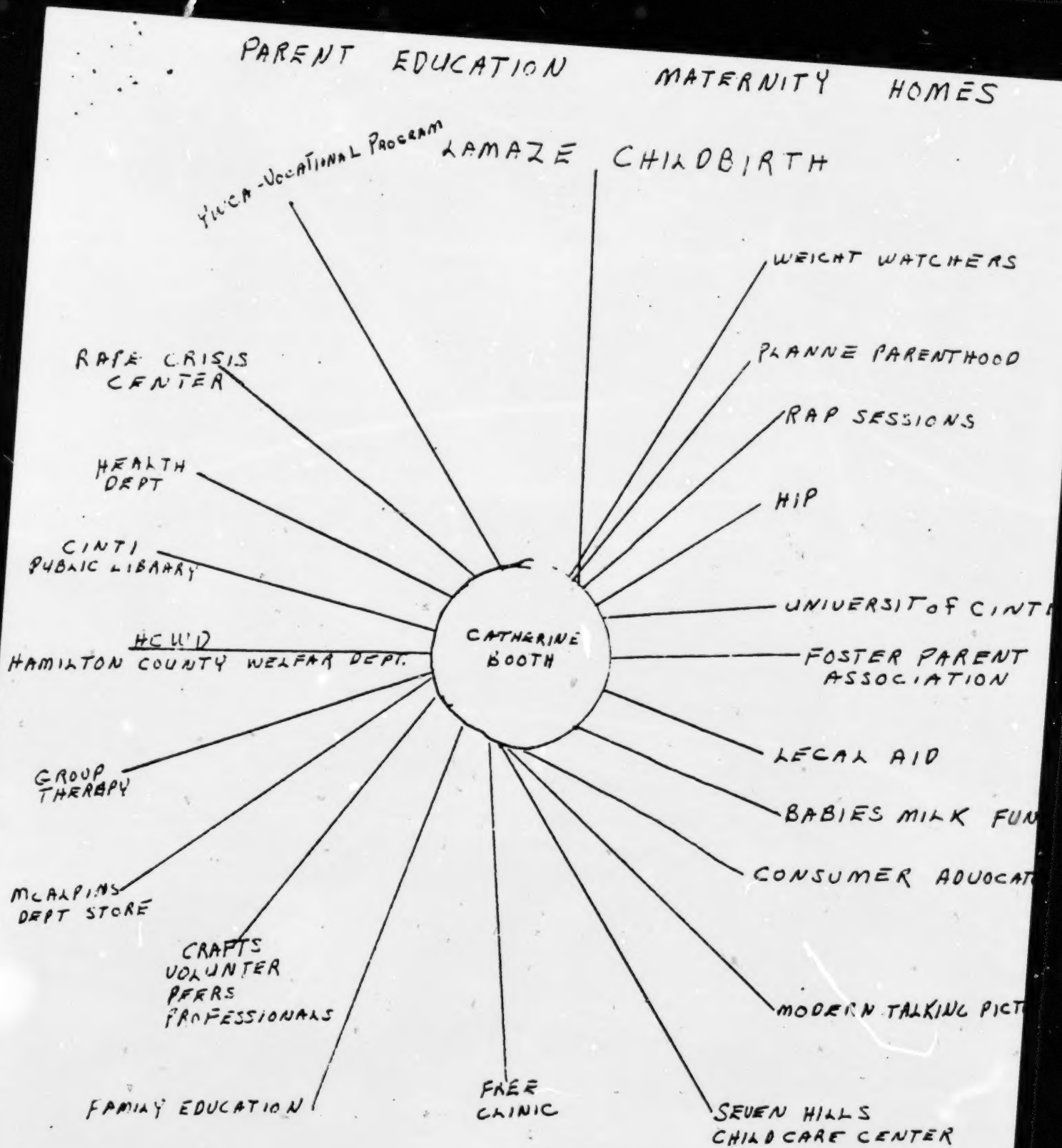
APPENDICES



10

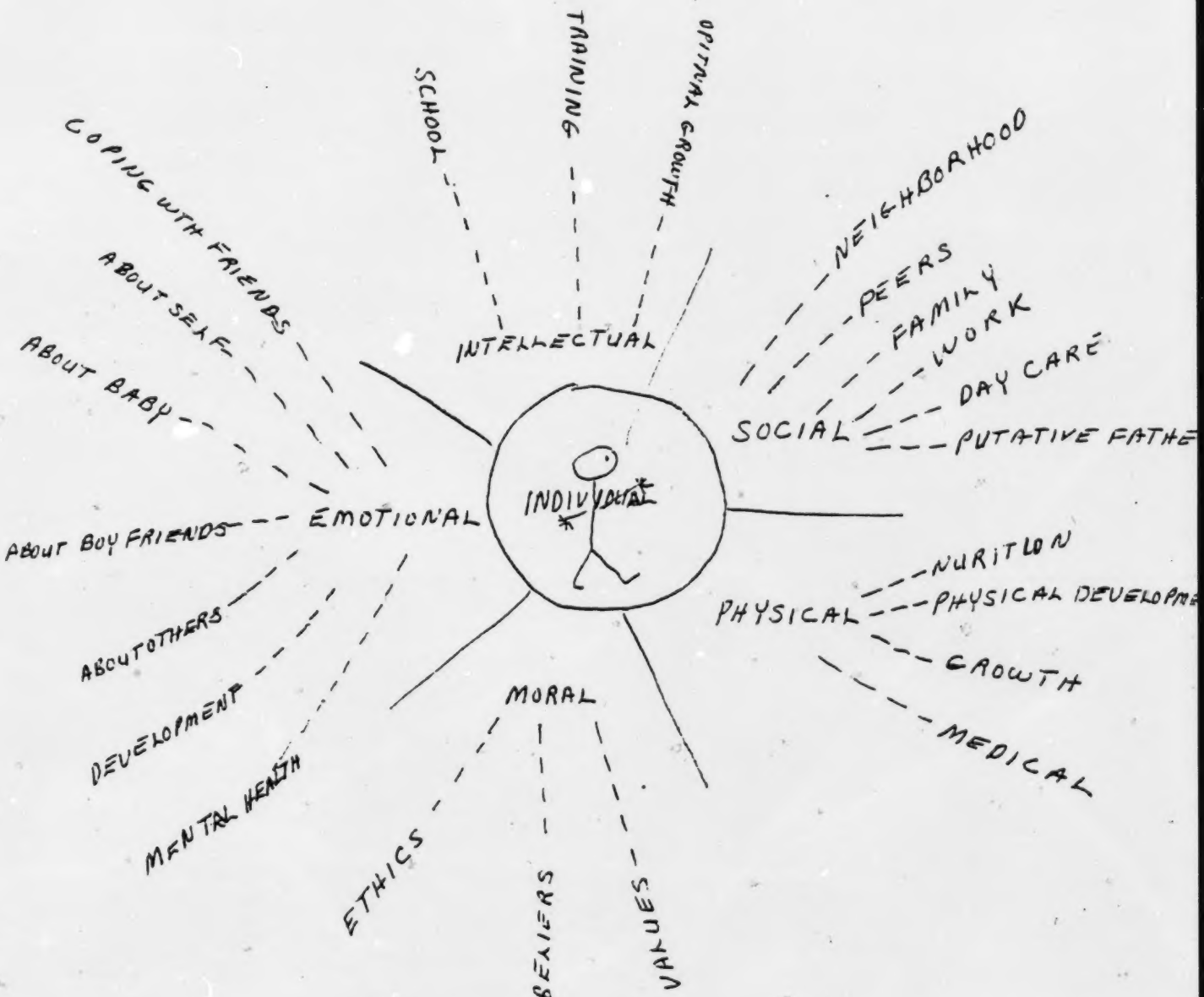
EDUCATION for PARENTHOOD

Flow of Community Services to and from Booth


PARENT EDUCATION
MATERNITY HOMES
YWCA-VOCATIONAL PROGRAM
LAMAZE CHILDBIRTH
WEIGHT WATCHERS
PLANNE PARENTHOOD
RAP SESSIONS
HIP
RAPE CRISIS CENTER
HEALTH DEPT
CINTI PUBLIC LIBRARY
HCWD
HAMILTON COUNTY WELFAR DEPT.
CATHERINE BOOTH
UNIVERSITY of CINTI
FOSTER PARENT ASSOCIATION
LEGAL AID
BABIES MILK FUN
CONSUMER ADVOCAT
GROUP THERAPY
McALPINS DEPT STORE
CRAFTS
VOLUNTER
PEERS
PROFESSIONALS
FAMILY EDUCATION
FREE CLINIC
SEVEN HILLS CHILD CARE CENTER
MODERN TALKING PICT

N E E D S A P P O A C H

TOTAL PERSON DEVELOPMENTAL PERSPECTIVE



T H E-N E E D-T O-G R O W-&-M A T U R E

STAFF TRAINING

I. The Concept of "Crisis"

A review of relevant crisis theory will be presented. This body of knowledge is considered vital to effective intervention with a young person who is faced with an unexpected event that required resolution, such as pregnancy.

READING REFERENCES:

Rapoport, Lydia, "The State of Crisis; Some Theoretical Considerations," Social Service Review No. 2 (1962).

Hill, Reuben, "Generic Features of Families Under Stress," Social Casework, No.s 2 - 3 (1958).

Parad, Howard and Caplan, Gerald, "A Framework for Studying Families in Crisis," Social Work, No. 3 (1960).

Le Masters, E.,"Parenthood as Crisis," Marriage and Family Living, No. 4 (1957).

II. Overview to the Problem of Illegitimacy

Encompasses discussion of attitudes about illegitimacy, both from a societal and emotional perspective. It considers the changing attitudes toward single parenthood, emotional readiness and the evolution of professional thinking about its etiological basis. The pressures arising from out of wedlock pregnancy are considered from societal and emotional forces at play. These are seen as being particularly important as contributory factors to crisis production.

READING REFERENCES:

Chaskel, Ruth, "Changing Patterns of Service for Un-Married Parents," Social Casework (January, 1968).

Bernstein, Rose, "Unmarried Parents and Their Families," Child Welfare (April, 1966), 185-193.

Cutright, Phillips, "Illegitimacy: Myths, Causes and Cures," Family Planning Perspectives (January, 1971) 26-48.

Herzog, Elizabeth, "Unwed Motherhood: Personal and Social Consequences," Welfare in Review (August, 1964).

Krause, Harry, Illegitimacy: Law and Social Policy. The Bobbs-Merrill Co. (Indianapolis, 1971).

Bernstein, Rose, "Are We Still Stereotyping the Unmarried Mother?", Social Work No. 3 (1960).

III. Scope of the Issue at Hand

Considers the magnitude of illegitimacy, differentiating between cultural and socio-economic backgrounds of this population. Further, discussion deals with possible personality differences among unwed mothers and single women who have never been pregnant; possible determinants of the out of wedlock state are examined. These issues are central to effective intervention.

READING REFERENCES:

Naiman, James, "A Comparative Study of Unmarried and Married Mothers," Canadian Psychiatric Association Journal (Dec.1966

Monohan, Thomas, "Premarital Pregnancy in the United States," Eugenics Quarterly, (September, 1960), 133-146.

Reiner, Beatrice, "The Real World of the Teenage Negro Mother," Child Welfare (July, 1968), 391-395.

Yurdin, Mazy, "Recent Trends in Illegitimacy - Implications for Practice," Child Welfare (July, 1970), 373-375.

IV. Services for the Single Pregnant Woman

Surveys the institutional services available to the pregnant teenager and her family. Focus of services rendered are discussed, as well as an assessment of the service needs of this population and their delivery.

READING REFERENCES:

Boykin, Nancy, "A School-Centered Multidisciplinary Approach to the Problem of Teenage Pregnancy," Child Welfare (October, 1968), 478-487.

Caughlin, Jeanne, "Psychic Hazards of Unwed Paternity," Social Work, (July, 1960), 29-35.

Connor, Lenora, "An Extended Service - A Halfway House for Unwed Mothers," Child Welfare, (April, 1966), 221-224.

Howard, Marion, "Comprehensive Service Programs for School-age Pregnant Girls," Children (September-October 1968), 193-196.

Miles, Haven, "Implications of Intermediary Group Treatment for Readying Unmarried Mothers for Continued Casework," Smith College Studies in Social Work, (November, 1968).

Miller, Lovick, "Short-Term Therapy With Adolescents," American Journal of Orthopsychiatry, No. 4 (1959).

Chaskel, Ruth, "Assertive Casework in a Short-term Situation," Casework Papers, (FSAA, 1961).

Rashbaum, M., "Use of Social Services by Unmarried Mothers," Children , (January-February, 1963).

Shoenberg, Carl, "The Expanding Nature and Purpose of the Maternity Home," Child Welfare (January, 1964).

V. Placement Decision - To Keep or Place?

This area will deal with some facts about who places and who keeps their child. Further, it will explore the existing professional opportunities to help a young person make a pro-active decision.

READING REFERENCES:

Pope, Hallowell, "Negro-White Differences in Decisions Regarding Illegitimate Children," Journal of Marriage and the Family (November, 1969).

Festinger, Trudy, "Unwed Mothers and Their Decision to Keep or Surrender Children," Child Welfare, (May, 1971).

Jones, Wyatt, "Social and Psychological Factors in Status Decisions of Unmarried Mothers," Journal of Marriage and the Family, (August, 1962).

Meyer, Henry, "The Decision of Unmarried Mothers to Keep or Surrender Their Babies, Social Casework (April, 1956).

VI. Services to Fathers

This area will encompass discussion regarding the needs of the father and the service opportunities which may help him to deal with this crisis more effectively.

READING REFERENCES:

Pannor, Reuben, "Casework Services for Unmarried Fathers," Children (March-April, 1963).

Pope Pope, Hallowell, "Unwed Mothers and Their Sex Partners," Journal of Marriage and the Family, (August, 1967).

Stevenson, Nicholas and Dukette, Rita, "The Legal Rights of Unmarried Fathers," Social Service Review, (March, 1973).

VII. Evaluation of Effectiveness of Different Approaches

We will review the different service thrusts provided to the pregnant teenager and evaluate them in terms of increasing our professional effectiveness in providing services. Our role as professionals in the prevention area will also be considered.

VIII. The Legal Perspectives of Adolescent Parenthood

Ask a professor from a local law school or Legal Aid Society to lead the discussion.

THE FIRST FEW WEEKS AT HOME

A Baby Needs

1. A place to sleep
2. Clothing
3. Equipment for feeding
4. Equipment for bathing

1. For Sleeping:

FLANNELETTE COVERED WATERPROOF SHEETING (2 or 3) - put this over mattress for protection

SHEETS (3 or 4)

SQUARES OF WATERPROOF SHEETING (3 or 4) - to put under baby so wet diapers and messes won't dirty sheet; will save on washing

RECEIVING BLANKETS (3 or 4) - to use in cold weather or as a towel when bathing

BLANKET BAG or "SLEEPING BAG" - for sleeping in cold weather; won't have to worry about blanket slipping off

2. For Dressing

COTTON KNIT NIGHTGOWNS (3 or 4) - long ones best; can also use stretch outfits or diaper and T-shirt

COTTON KNIT SHIRTS - short sleeves; large arm and head openings; no tapes or buttons

SWEATERS or SACKS (2 or 3) - "stretch outfits"; nylon or orlon easiest to wash; a few easy to open buttons in front

CAP (one)

DIAPERS (3 to 6 dozen) - prefolded ones good; diaper service about $15.00 a month; check price of disposable diapers

PLASTIC PANTS (2 or 3) - don't put in dryer

BOOTIES

3. For Eating

NURSING BOTTLES WITH CAPS (6 to 8) - 8-ounce size; get boilable, plastic ones - won't break

NIPPLES - get one for each bottle and one or two spares; silicone ones last longer

A BOTTLE and NIPPLE BRUSH

FORMULA - ordered by doctor

4. For Bathing

A PLASTIC TUB OR DISHPAN - can use kitchen sink; put towel on bottom to stop slipping

CAKE OF MILD SOAP

WASH CLOTH (4 to 6) - can also use to clean baby when changing diaper

Other Equipment

Buy large size - cheaper

BABY POWDER

VASELINE

DIAPER PINS (safety ones)

RECTAL THERMOMETER

DESITIN - for diaper rash

BABY LOTION

FORMULA - BABY FOOD

No Q-Tips! Dangerous!

SHOPPING LIST

Item	No. Needed	Price of Each
Waterproof sheeting - flannelette	2 - 3	
Sheets	3 - 4	
Squares of sheeting	3 - 4	
Receiving blankets	3 - 4	
Sleeping sack or bag	3 - 4	
Cotton knit night gown	3 - 4	
Cotton T-shirts (undershirts)	3 - 4	
Sweaters or sacks (stretch outfit)	2 - 3	
Cap	1	
Diapers - cotton check price of disposable	3-6 doz.	
Nursing bottles with caps - 8 oz. size	8 - 12	
Nipples	12 - 14	
Bottle and nipple brush	1	
Formula ready to use concentrated		
Plastic tub/dishpan		
Washcloths		
Baby powder Vaseline Safety pins Rectal thermometer Desitin Baby lotion		
Crib Infant seat High chair		
Baby food		
Plastic pants		

EVALUATION OF FOOD PRICES

LOCAL SUPERMARKET

Product	Size	Price
CEREALS		
Gerber - Plain*	8 oz.	$ .29
	16 oz.	.51
Gerber Cereal with fruit*	8 oz.	.45
	6/1 oz.	.53
JUICES		
Gerber	4.2 oz.	.14
Beech-nut*	"	.13
FORMULA		
Similac ready to feed	6/8 oz.	1.47
	32 oz.	.77
Concentrated*	13 oz.	.43
JARS STRAINED FRUIT		
Gerber	4 3/4 oz.	.15
Beech-nut	"	.14
STRAINED MEATS		
Gerber	3½ oz.	.35
JUNIOR FOODS		
Gerber Meats & Vegetables	7 3/4 oz.	.21
Gerber Fruit	7 3/4 oz.	.20

*Indicates best buy

REMINDER:

Compare prices before buying.
Get the most (check quantity) for the least (check price).
Ready to feed products are usually more expensive.
Concentrated or powdered products are more economical.

SAFETY REMINDERS

1. After feedings, turn infant to side or on tummy to prevent choking on formula.

2. Keep clothing loose - no tight strings around neck, arms, or legs.

3. Keep safety pins shut and out of reach.

4. Have bumpers on crib so child's head does not get caught in bars.

5. When placing child in "infant seat" or high chair, always restrain and do not leave unattended. Also, never leave baby alone on a bed. He can roll off and fracture his skull.

6. Keep crib sides up so child cannot tumble over. If child makes attempts to climb out, a harness can be used to restrain him.

7. Keep all small objects such as marbles, buttons, pins, etc., out of reach. Children place everything in their mouths. If a child starts choking on a small object in his mouth, reach for it with your fingers. If this doesn't work, turn child upside down and attempt again to reach for it with your fingers. If unsuccessful, take to hospital or call for police.

8. Keep drugs and poisons out of reach by locking in cabinets or storing up high where toddlers can't climb. Pills look like candy to them and they will do anything to get hold of them. Should a child swallow an overdose, call Poison Control and follow their instructions. If a poison such as turpentine or lye is swallowed, give what is prescribed on can label under "If Swallowed, Do This:" and call poison center immediately. Keep syrup of ipecac locked on your shelves. This is an emetic (produces vomiting) and is very handy to have.

9. Toddlers love to run. If floors are waxed they are prone to slip and injure themselves. This alos applies to loose scatter rugs.

10. Buy safe toys. This means toys with no loose parts, no sharp points and no small holes (fingers can get stuck in holes.)

11. NEVER, NEVER leave child alone in the tub or on the beach.

12. Keep matches and burning cigarettes out of reach. Also, keep toddlers away from stove. They love to turn knobs. Try to buy clothing that is not easily flammable, especially nighties and PJ's. Avoid rayon and celanese; these are flammable.

13. Children love to bite on sides of cribs and on window sills. Be sure paint is lead free. There are centers now which will analyze paint for you.

Safety Reminders - cont.

14. Toddlers often stick knives or pins in electrical outlets. Special plugs can be purchased to insert in these outlets. Electrical cords should be properly insulated. Youngsters always find exposed areas and can be shocked.

15. Electric frying pan cord should be out of reach. A child will playfully pull on such cords and can be burnt by a frying pan and its contents.

16. Protect children from falling down stairways by using ages.

17. DO NOT LET A CHILD BLOW UP A BALLOON - HE CAN CHOKE.

18. If a child plays on a porch, be sure rail is high enough.

Children are very curious individuals. Always be a step ahead of them by anticipating what they will do, then take precautions to insure their safety. "An ounce of prevention is worth a pound of cure."

WHAT SHOULD BE IN EVERY MEDICINE CABINET

Keeping a well-stocked medicine cabinet is a first line of defense in case of minor illnesses or accidents, and in certain cases such as poisoning, can even save lives. Remember, however, that all medication can be dangerous and must be stored out of reach of children. In addition, teach all children never to take any medication unless administered by an adult. As an added precaution, buy only the quantities you need and, when necessary, label each container carefully. Store medications for internal and external use on separate shelves to avoid possible confusion. When you have completed taking the prescription drugs, destroy the container.

The items listed below have been recommended by medical authorities and safety experts as basic to every family medicine cabinet.

ADHESIVE TAPE and BANDAGES - Nonstick adhesive bands are best for small abrasions.

ANTISEPTIC - For minor cuts, after first cleansing with soap and water.

ASPIRIN - For headaches, colds and other ailments. Buy safety-capped, small bottles to prevent accidental overdose. Small bottles are more economical, too, because aspirin deteriorates. Do not give any aspirin to a child unless his temperature exceeds 100°.

BLAND OINTMENT, SALVE or PETROLEUM JELLY - For soothing minor skin irritations, abrasions and dryness. Do not apply to burns.

COTTON-TIPPED SWABS - For cleansing small cuts. Always use a fresh swab for applying liquid medications.

FIRST-AID MANUAL - For emergency procedures. Good ones to fit in your cabinet can be obtained from Red Cross, Boy Scouts of America and other organizations. A chart of antidotes for poison and drug overdoses can be obtained from your local poison control center.

FLASHLIGHT - For illuminating the medicine chest in case of power failure. Never take medicine in the dark.

LIST OF TELEPHONE NUMBERS - Tape the numbers of your doctor, druggist, hospital emergency room and local poison control center to the back of the cabinet door. You may also wish to post a quick-reference first aid card, available at any pharmacy.

SCISSORS - Blunt-tipped, for cutting adhesive tape and gauze bandages.

STERILE GAUZE BANDAGES and SQUARES - To dress small cuts, burns, blisters.

THERMOMETERS - Oral for adults. You may wish to have a rectal thermometer for small children who might bite down on an oral one.

TWEEZERS - For removing splinters.

HOW BABIES GROW

Birth to One Month

Babies like to:

- SUCK
- LISTEN to repeated soft sounds
- STARE at movement and light
- BE HELD and rocked

Give your baby:

- Your TALKING and SINGING
- LAMPS throwing light patterns
- Your ARMS

One Month

Babies like to:

- LISTEN to your voice
- LOOK up and to the side
- HOLD things placed in their hands

Give your baby:

- A lullaby RECORD
- A MOBILE overhead
- PICTURES on the walls
- Your FACE near his

Two Months

Babies like to:

- LISTEN to musical sounds
- FOCUS, especially on their hands
- REACH and BAT nearby objects
- SMILE

Give your baby:

- A MUSIC BOX or a soft MUSICAL TOY
- A soft security CUDDLE TOY, tied to crib
- Your SMILE

Three Months

Babies like to:

- REACH and FEEL with open hands
- GRASP crudely with two hands
- WAVE their fists and WATCH them

Give your baby:

- MUSICAL RECORDS
- RATTLES
- DANGLING TOYS

Four Months

Babies like to:

- GRASP things and let go
- KICK
- LAUGH at unexpected sights and sounds
- Make CONSONANT SOUNDS

Give your baby:

- BELLS tied to crib
- A CRIB GYM
- More DANGLING TOYS

Five Months

Babies like to:

- SHAKE, FEEL and BANG things
- SIT with support
- PLAY PEEK-A-BOO
- ROLL over

Give your baby:

- A HIGH CHAIR with a rubber SUCTION TOY
- A PLAY PEN
- A KICKING TOY

Six Months

Babies like to:

- SHAKE, BANG and THROW THINGS DOWN
- GUM objects
- RECOGNIZE familiar faces

Give your baby:

- Many HOUSEHOLD OBJECTS
- TIN CUPS, SPOONS, POT LIDS
- WIRE WHISKS
- A CLUTCH BALL and SQUEAKY TOYS
- A TEETHER and GUMMING TOYS

Seven Months

Babies like to:

- SIT alone
- USE FINGERS and THUMB
- Notice CAUSE and EFFECT
- BITE on their FIRST TOOTH

Give your baby:

- BATH TUB TOYS
- More THINGS
- STRING
- More SQUEAKY TOYS

Eight Months

Babies like to:

- PIVOT on their stomachs
- THROW, WAVE,and BANG toys together
- LOOK for toys they have dropped
- Make VOWEL SOUNDS

Give your baby:

- SPACE to pivot and creep
- 2 TOYS at once to bang
- BIG SOFT BLOCKS
- A JACK-IN-THE-BOX
- NESTED PLASTIC CUPS

Nine Months

Babies like to:

- PULL themselves up
- CREEP
- PLACE things generally where they're wanted
- SAY "da-da"
- PLAY pat-a-cake

Give your baby:

- A SAFE CORNER of theroom to explore
- TOYS tied to high chair
- A METAL MIRROR
- A JACK-IN-THE-BOX

Ten Months

Babies like to:	Give your baby:
POKE and PROD with forefinger	A big PEG BOARD
PUT things in other things	Some CLOTH BOOKS
IMITATE sounds	MOTION TOYS

Eleven Months to One Year

Babies like to:	Give your baby:
USE their fingers	PYRAMID DISCS
LOWER THEMSELVES from standing	A baking TIN with CLOTHES-PINS
DRINK from a cup	His own DRINKING CUP
MARK on paper	A large CRAYON

IMMUNIZATION RECORD

	Date	Dose	Booster Dose	Material	Physician
Whooping Cough					
Diptheria					
Tetanus					
Diphtheria-Tetanus					
Diphtheria-Tetanus-Whooping Cough					
Poliomyelitis					
Measles					
German measles (rubella)					
Mumps					

	Date	Result	Physician
Schick Test			
Tuberculin Test			
Other			

Infant Immunization Time-table:

AT 2 MONTHS — DTP*/Trivalent Oral Polio Vaccine

AT 4 MONTHS — DTP/Trivalent Oral Polio Vaccine

AT 6 MONTHS — DTP/Trivalent Oral Polio Vaccine

AT 12 MONTHS — Measles**/Tuberculin Test

AT 18 MONTHS — DTP***/Trivalent Oral Polio Vaccine***

AT 1-12 YEARS — Rubella**/Mumps**

* Protection against Diptheria, Tetanus (lock-jaw), Pertussis (whooping cough)
** May be given as Measles-Rubella or Measles/Rubella/Mumps vaccine
*** Repeated at age 4-6 years

PROCEDURE FOR OBTAINING A BIRTH CERTIFICATE

Write to:

City Hall
Registry of Births and Deaths

The following information should be included:

Mother's name
Baby's name
Baby's date of birth

With this information, you must send $1.00 and a stamped, self-addressed envelope.

BABY SITTERS

Select the person with care. Relatives, neighbors, friends all can be great - or terrible. You want someone who really cares about your baby and whom you can trust. You will want her to be healthy. If you don't know the sitter well, have her come for a brief stay while you are at home. Show her where things are, how you care for the baby and tell her what you expect. Watch her feed and diaper the baby and see whether she seems to know and care about what she is doing.

Whoever is left to care for your baby, even for a brief time, should know:

Where you can be reached.

Telephone numbers of your doctor, fire department, and police.

The name and telephone number of a responsible relative or friend who can be called if you can't be reached.

Details about your house - how to regulate heat, how to lock and open doors, etc.

What and when to feed the baby.

When you will return.

If you are babysitting for a child you are to receive this information from parent or foster mother.

IMPORTANT TELEPHONE NUMBERS

Keep these numbers near your telephone:

FIRE DEPARTMENT _____

POLICE _____

AMBULANCE _____

BABY'S DOCTOR/CLINIC _____

EMERGENCY - POLICE _____

CATHERINE BOOTH HOME _____

If you cannot keep an appointment, make sure you call.

RESOURCES

Books for Background and Classwork:

A Manual for Baby Sitter - Marion Loundes

The Retarded Child - Robert Isaacson, Ph.D.

Painless Childbirth - Fernand Lamaze

How to Raise a Brighter Child - Joan Beck

Parent Effectiveness Training - Dr. Thomas Gordon

How to Father - Dr. Fitzhugh Dodson

Learning Through Play - Jean Marzollo and Janice Loyd

Your Child's Play - Arnold Arnold

Preparing for Parenthood - A. Lee Salk

Childhood and Society - Erik H. Erikson

How to Teach Your Baby to Read - Glenn Doman

The Eye Book - Theo. Le Sieg

Are You My Mother? - P. D. Eastman

The Me Nobody Knows - Stephen M. Joseph, ed.

Your Child and Sex - Wardell B. Pomeroy, Ph.D.

How to Raise Children at Home in Your Spare Time - Marvin Gersh, M.D.

Our Bodies, Our Selves - Boston Women's Health Collective

Exercise for True Natural Childbirth

The Way - Catholic Bible

The Living Bible Paraphrased

The Autobiography of Miss Jane Pittman

I Know Why the Caged Bird Sings - Maya Angelou

Manchild in the Promised Land - Claude Brown

Joy in the Morning - Betty Smith

I Never Promised You a Rose Garden - Hannah Green

Books for background and classwork (cont.):

Developmental Psychology - Jean Piaget

What Your Child Really Wants to Know About Sex and Why

4000 Names for Your Baby

Sex - Telling it Straight

Play and Playthings for the Pre-school Child

Children of the Cities

Childhood Education

Nursing Your Baby

Baby and Child Care - Benjamin Spock, M.D.

Mother's Guide to Child Safety

Books for Children

ABC Word Book - Richard Scarry

The Cat in the Hat - Dr. Seuss

Curious George - H. A. Rey

Favorite Poems for Children's Hour - Josephine Bouton

The Shape of Me and Other Stuff - Dr. Seuss

Mother Goose - Frederick Richardson

My Bedtime Book - Eva Cindell

Baby's Mother Goose

Colors and Shapes

Easy Tracing Set

My First Sewing Cards

Private Zoo Book

Horton Hatches the Eggs - Dr. Seuss

Sesame Street Storybook

Madeline

Books for children (cont.):

Cats Pop-up Book

My Amazing Book of Autographs

Baby Animals

The Little Engine That Could

A Dream for Addie

Old MacDonald Had a Farm

Berestein Bears Nursery Tales

Busy Day, Busy People

Pat the Bunny

Lamont the Lonely Monster

The New Bugle

Ten Little Indians

Look What I See

Ten Days

Nancy Drew Mysteries

Pamphlets

From Exploring Childhood, Education Development Center, 55 Chapel St., Newton, Mass. 02160:

Working With Children

What About Discipline?

No Two Alike

How the World Works

Seeing Development

Evaluation Strategies

Fieldsite Teacher's Manual

Role of the Adolescent

Child's Play

Art and Development

Posters

From Exploring Childhood:

What is a Child?

Directions in Development

Films

From Exploring Childhood:

"Gabriel is Two Days Old"

"Around the Way With Kareema"

"Broken Eggs"

"At the Doctor's"

"All in the Game"

From Perennial Education, Inc., 1825 Willow Road, Northfield, Illinois 60093:

"Human Growth"

"Families"

"A Baby is Born"

"About Conception and Contraception"

Borrowed without charge:

"Jinny Is a Good Thing"

"Operation Head Start"

"Four Children"

"Parents are Teachers, Too"

"With No One to Help Us"

"Patterns for Health"

"Abbie's First Two Years"

"Psychological Hazards in Infancy"

"Person to Person in Infancy"

"Learning to Learn in Infancy"

"Emotional Ties in Infancy"